OCT 28 2021

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CO. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTA	TIVES	FORM B	Page 1 of(
FINANCIAL DISCLOSURE STATEMENT	For New Membe	rs, Candidates, and New Employees	
Name: MICHAEL FORM	AA Daytime Teleph	none:]
New Member of or Candidate for U.S. House of Representatives Distr	e:_Fk	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assista	. Of the development of the state of the sta	A \$200 penalty shall be accessed against any individual who files more than 36 days late.
PRELIMINARY INFORMATION — ANSWER E Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uncerned income from env reportable asset during the reporting period?	he Yas No No	E. Did you hold any reportable positions dur period or in the current calendar year up thro	
Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	F. Did you have any reportable agreement of outside entity during the reporting period or year up through the date of fiting?	
Did you, your spouse, or your dependent child have any reportable sability (more than \$10,000) at any point during the reporting period?		J. Did you receive compensation of more the single source in the current year and two pri	
		CHEDULE IF YOU ANSWER "YE IS THAT YOU ARE REQUIRED T	-
	OHE: THE CONEDUCE	O THAT TOO ARE REGULED IT	www.
EXCLUSION OF SPOUSE, DEPENDENT, OR	R TRUST INFORMATIO	ON - ANSWER <u>BOTH</u> OF THE	SE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the from this report details of such a trust that benefits you, your spouse,		other "excepted trusts" need not be disclosed.	Have you excluded Yes No No
EXEMPTION — Have you excluded from this report any other assets, exemption? Do not answer "yes" unless you have first consulted with		- f a spouse or dependent child because they m	eet all three tests for

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A	ı						LOCK						I					OCX													BI	LOC	KĐ									
Assets and/or Income Sources	ı				V	عدث	of a	Ass	et				١			Ty	pe o	af Im	COIT	8									- 4	U IK	ж	t el	line	om	8							
Identify (a) each asset held for investment o production of income and with a fair mentat value accessing \$1,000 et the end of the reporting period and (b) any other reportable asset or source o income which generated more than \$200 is Unvestmed income during the year.		icale i a v icity in a luder	velushed the mase d only	e of a ion n metho was y bec	taasa orthen seu bi blos seuss	atch doct nd. dom it gas	ose o wr the ing d	on too	repo r me porte	ning defi	penco ralue, enod value	i. If y p lea and shou		heck eners RA, or setem apta	529 10 (2) 10 (2) 10 (2)	okum or-dis eccc cokum ine, o	ns the formal sunits) nn . D even	inca inca you lividing	ply For ome (so omey co onds, olovest	act ch heci lete	munts that as 401(k), the Tau- rest, and must be held in the asset	For a	neset ds mo te) gr ck "N	for t	even fine	you comeg	hack ary o	nd 'T f inco sted,	aur-De erne b must red o	riem y ch be c rgen	ec'in ecdor fleet erada	Bio ng th loose ed	ek C. O sept	aces aces aces aces aces aces aces aces	ray ci nto b no to	hock i ox be r ees	the 7 stow. sets t	None Divi	colu dendi in tax	mn. I s, int	for al erect acti	ofi on unt
Provide complete names of stocks and muluel funda (do not use only licker symbols).							eld by	, ou	spo		r deç	ende		eners eners	Hed.	no	eta, C	heci	None	n' if	the saset reporting	LO	umn .	KU1 III	107 84	444	***************************************	ay yo	ra. etbe	N.SE	or a	e pen	oen:	-	D 1661	ich ye	au ne	nve na) mings	862.		
For all IIIAs and other refreement plans (such as 401(b) plans) provide the value for each asset hete in the account that exceeds the reporting thresholds.	4	_	Ţ	1 -		T	_					_	1	_	_	_	_	_	1	-					_			_				_										
For bank and other cash accounts, lotal the amounts all interest-beering accounts. If the total is over 55.000 flat away financial metalsion where there a more then \$1.000 is interest-bearing accounts.	1	8	c	D	E	F	G	н	•	1	K	۱ ا	*									_	•		_	_	_	VE	DX	x [:	X 3	×	<u> </u>	T	_	_	ļ	_	Via I	_	(x	¥
For rentel and other real property held to investment, provide a complete address o description, e.g., "rental property," and a city and state.	4																																									
For an ownership interest in a privalely-heb owners that is not publicly traded, state the nam of the business, the rature of its activities, and its prographic location in Block A.	4																				Ferni koome)																					
Exclude: Your personal residence, including second homes and vacation homes (unless there use trats income during the reporting period); and an illnerical interest in, or income derived from, a federa retriement program, including the Thrift Sarring Plan	1																				afrantis hoons or																					
7 you report a privately-traded fund that is a Excepted investment Fund, please chack the "ESF box.													31 000 000						5		pecify: e.g. Part											*** \$1,000,000										1
If you so choose, you may indicate that an asset of microme secure is that of your spouse (SP) of dependent child (DC), or joinly hald with anyon (JT), in the optional column on the far latt. For a detailed discussion of Schedule / requirements, please refer to the instruction booklet	1	\$1.51 000	\$1,001.\$15.600	\$15.001.450 000	200 001-5100 000	\$100 CCC - CCC CCC	220.001-4500.003	500.000-\$1.000.000	\$1,000,000 s.\$1,000 000,18	\$1,000,001-\$24,000,000	12: 000:001-14:0: 000 C20	O-123 000 000	OC Applicat		UNIDENIES POST	KENI	MTEREST	CAPITAL GARG	EXCEPTED/BLING TRUST		Ther Type of Income Clyecoly.	Mone	\$1-620	(231-\$1-023	51,001-14,000 C) 001,14,000	001-\$15.000	\$15,001-\$36 000	ES)201-\$100,000	800 000 18-100 001\$	000,001-\$5,600,000	Over \$5,000,000	a C From	150 P	(22) 41 ms	34.24.88	20121-06-01	\$1,001.\$1\$,000	\$11,001-100 000	20 004-\$100,000	\$120,001-\$1,000,000	Dee IS ON ITS	-13
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SCHEDULE C - EARNED INCOME

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Name: VICHAS	TER MAAT	Pageofof

INCOME LIMITS and PROMISITED INCOME. Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2020 limit on outside earned income for Members and employees compensated at or above the "senter staff" rate was \$29,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honorana, director's fees, and payments for professional services involving a fiduciary relationally) are totally prohibited for Members and sentor staff.

Source (include date of receipt for honorana)

Type

ABC trans Associates, Bathron, Mill 1994 131

ABC trans Associates, Bathron, Mill 1994

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Use additional absets if more space is required.

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rant it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

								A	moun	t of Li	ability				
SP. DC.JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001-	\$50,001- \$100,000	\$100.001-	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001-	Over \$50,000,000	Over \$1,000,000" (Spouse/DC
	Example	First Bank of Wilmington, DE	5/20,	Mortgage on Rantel Property, Dover, DE		-		x							
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, mongraft organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization	
POLICE OFFICER	CITY OF HALLANDALY BUACH	P. D.

Use additional sheets if more space is required.

SCHEDULE F - AG	REEME	NTS //L
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Date Parties to Agreement Terms of Agreement										
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, farm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	•	
	Source (Name and City/State)	Brief Description of Duties
Example.	Doe Jones & Smith, Hometown, State	Accounting Services
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